Board of Nursing
Best Practices for Prescribing Controlled Substances Guidelines

2015 Wisconsin Act 269 granted authority to the Board of Nursing to issue guidelines regarding best practices in prescribing controlled substances, as defined in s. 961.01 (4), Stats., for persons credentialed by the Board of Nursing who are authorized to prescribe controlled substances.

The purpose of these guidelines are to provide guidance to advanced practice nurse prescribers for prescribing controlled substances. These guidelines are intended to supplement and not replace the individual advanced practice nurse prescriber's clinical judgment. The guidelines are not intended to address prescribing practices related to patients who are in active cancer treatment, palliative care, or end-of-life care.

It is important for advanced practice nurse prescribers to routinely discuss with patients the effect their diagnosed medical conditions or recommended drugs may have on their ability to make decisions and to safely operate machinery or a vehicle in any mode of transportation. Patients should be informed that there could be an increased effect when the patient is sick or there is a change in medication dosage.

Prior to prescribing controlled substances, there should be a well-documented evaluation which includes reason to treat and a history and physical. A review of the Prescription Drug Monitoring Program (PDMP) should also be completed. The patient should be provided with education and a notice regarding use of controlled substances including risks, benefits, prohibition on sharing and how to properly dispose of controlled substances.

Opioid Prescribing

1. Non-pharmacologic and/or non-opioid therapy should be strongly considered prior to prescribing opioids. Opioids should be used only if the expected benefits for pain and function outweigh risk to the patient. If opioids are prescribed, non-pharmacologic and/or non-opioid therapy should also be utilized as part of a multimodal approach.

2. Before starting opioid therapy for chronic pain, advance practice nurse prescribers should establish treatment goals with all patients, including realistic goals for pain and function. An advanced practice nurse prescriber should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. The advanced practice nurse prescriber should consider a controlled substances agreement in chronic pain situations.

4. The management plan should incorporate strategies to mitigate risk.

5. The advanced practice nurse prescriber may consider ordering naloxone in individual cases based upon the advanced practice nurse prescriber's nursing judgement.

6. Extended-release or long-acting opioids should not be prescribed for acute pain. When starting opioid therapy for chronic pain, advanced practice nurse prescribers should prescribe immediate-release opioids instead of extended-release or long-acting opioids.

7. Advanced practice nurse prescribers utilizing sound clinical judgement should do all of the following:

    a. Use caution when prescribing at any dosage.
    b. Prescribe the lowest effective dosage.
    c. Reassess individual benefits and risks when considering increasing dosage to ≥ 50 morphine milligram equivalents per day.
    d. Avoid increasing to or maintaining dosage at ≥ 90 morphine milligram equivalents per day unless the advanced practice nurse prescriber justifies and documents the decision.
    e. Consider opioid taper, opioid detoxification, or pain management consultation prior to increasing to high doses.

8. When opioids are prescribed for acute pain, the quantity prescribed should be no greater than the expected duration of pain. Three days or less will often be sufficient.

9. If acute pain requires ongoing opioid therapy beyond the expected duration, the patient should be re-evaluated or referred to a pain management specialist.

10. Before opioid dose changes, the advanced practice nurse prescriber should re-evaluate the patient, including benefits, harms and whether another drug is appropriate. The patient should also be re-evaluated at least every 3 months. If the harms outweigh the benefits of continued opioid therapy, the advanced practice nurse prescriber should use other therapies and work with patient to taper opioids to lower dose or discontinue.

11. Advanced practice nurse prescribers should review the patient's history of controlled substance prescriptions through the PDMP to determine whether the patient is receiving opioid dosages or dangerous combination that put the patient at high risk. The PDMP data should be reviewed prior to starting a patient on opioid therapy and frequently during the opioid therapy.

12. Advanced practice nurse prescribers should use pill counts and/or urine drug testing, including chromatography. The frequency shall be based upon the patient's risk factors. A high risk patient should have observed urine collection.

13. If you have a patient with opioid use disorder, advanced practice nurse prescribers should offer or arrange evidence-based treatment, including methods of detoxification.

14. A patient should not be prescribed opioid and benzodiazepines concurrently, whether the prescribing is done by one practitioner or multiple practitioners. If a patient is taking opioids and benzodiazepines concurrently, clear clinical rationale must exist.

Benzodiazepines Prescribing

1. A trial of non-pharmacologic therapy should be done prior to prescribing benzodiazepines. Benzodiazepines should be used only if the expected benefits outweigh risk to the patient. If Benzodiazepines are prescribed, non-pharmacologic therapy should also be utilized as appropriate.

2. Before starting benzodiazepine therapy, advance practice nurse prescribers should establish treatment goals with all patients. The advanced practice nurse prescriber should utilize a controlled substances agreement. An advanced practice nurse prescriber should continue benzodiazepine therapy only if there is clinical benefit that outweighs risks to patient safety.

3. When starting benzodiazepine therapy, advanced practice nurse prescribers should prescribe short-acting benzodiazepines instead of long-acting benzodiazepines.

4. The advanced practice nurse prescriber should continually re-evaluate during benzodiazepine therapy. Consider alternative therapy prior to dose escalation.

5. Advanced practice nurse prescribers should review the patient's history of controlled substance prescriptions through the Prescription Drug Monitoring Program (PDMP) to determine whether the patient is receiving benzodiazepines or dangerous combinations that put the patient at high risk.

6. Advanced practice nurse prescribers should use pill counts and/or urine drug testing, including chromatography. The frequency shall be based upon the patient's risk factors. A high risk patient should have observed urine collection.

7. A patient should not be prescribed benzodiazepines and opioids concurrently, whether the prescribing is done by one practitioner or multiple practitioners. If a patient is taking opioids and benzodiazepines concurrently, clear clinical rationale must exist.

8. Advanced practice nurse prescribers should offer or arrange evidence-based treatment, including detox, for patients with benzodiazepine use disorder.

Stimulants Prescribing

1. Advanced practice nurse prescribers should ensure there is adequate testing, assessment and diagnoses prior to prescribing stimulants.

2. Before starting stimulant therapy, advance practice nurse prescribers should establish treatment goals with the patient. The advanced practice nurse prescriber should utilize a controlled substances agreement.

3. Advanced practice nurse prescribers should use pill counts and/or urine drug testing, including chromatography. The frequency shall be based upon the patient's risk factors. A high risk patient should have observed urine collection.

4. Advanced practice nurse prescribers should review the patient's history of controlled substance prescriptions through the PDMP to determine whether the patient is receiving stimulation dosages or dangerous combination that put the patient at high risk. The PDMP data should be reviewed prior to starting a patient on stimulant therapy and frequently during the stimulant therapy.